

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Accident or Suicide

Mary Louisa Baker  
Town County

Died at

Date  
of death

Month

Day

Years

Months

Days

190

Color or  
Race

White

Birth-  
place

Sex

Female

Occupation

Retired

Where Residing if not  
at place of death

Maryland  
Chestertown,

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Charles L. Baker

Father's  
Name

Hollie Young

Father's  
Birthplace

Mother's  
Maiden Name

Jane D. -

Mother's  
Birthplace

Name of person giving  
Information

Lillian Baker & wife

How related  
to deceased

CAUSES OF DEATH

Primary

Progressive Paralysis

67

✓

Immediate

Paralysis

How long

8 years.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H. George Seminons  
Chestertown Md.

CERTIFICATE OF DEATH

MARYLAND

14

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26

Chestertown

Name  
in  
Full

# Still Born Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town: Bramble  
Died at: Still Pond near: Glen

MARYLAND

Date of death: 1964 Month: Mar Day: 15 Years: — Months: — Days: —

Sex: Male

Color or Race: white

Birth-place: Md

Occupation: \_\_\_\_\_

Where Residing if not  
at place of death: \_\_\_\_\_

Married, Single or Widowed: —

Name of Wife or Husband: \_\_\_\_\_

Father's Birthplace: Md.

Father's Name: John T. Bramble

Mother's Birthplace: Md.

Mother's Maiden Name: Sarah A. Clark

How related to deceased: Father

Name of person giving Information: John T. Bramble

Father  
Md.  
Md  
Father

## CAUSES OF DEATH

Primary: Stillborn



✓

How long: \_\_\_\_\_

Immediate: \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Yes,

Signature of Physician: Mrs. Maxwell,

Address: Still Pond, Md.

Accident or Suicide: \_\_\_\_\_

Still Pond, Shumack Pond

Name  
in  
Full

Peter Brinsfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Crumpton County Kent

Date of death 1900 Month March Day 5th Age 63 Years

MARYLAND

Months 9 Deys 25

Sex Male Color or Race White

Birth-place Talbot

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

S. Matilda Medders

Father's Name

Peter Brinsfield

Father's  
Birthplace

Talbot Co.

Mother's  
Maiden Name

Eveline Kirby

Mother's  
Birthplace

.. Co.

Name of person giving  
Information

Evelyn Brinsfield

How related  
to deceased

daughter

CAUSES OF DEATH

Primary

Severe Indigestion

103

How long

12 or 14 hours

Immediate

Heart Failure

How long

..

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Arthur E. Landers M.D.

Address

Crumpton

PHYSICIAN  
OR CORONER

H

Accident or Suicide



Name  
in  
Full

Elora Briscoe.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sandy Bottom, Kent County, Maryland  
Date of death 1900. Month Mar Day 24 Age 5, Months 3, Days  
Sex Female Color or Race African Birthplace Md.  
Occupation Where Residing if not at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

S. Elora Briscoe  
Ida Washington  
John Jones

Father's  
Birthplace

Mother's  
Birthplace

How related  
to deceased.

Kentwood,  
Kentwood,

none.

98

How long

How long

5 days.

Primary

CAUSES OF DEATH

Pneumonia. Right side 5 days.

Immediate

exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

JES

Signature of  
Physician

Address

J. E. Smith  
Chesapeake #2  
2nd.

PHYSICIAN  
OR CORONER

(H)

Accident or Suicide

Sandy Bottom

Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at Galena		Town Kent		County	
Date of death 1910	Month 3	Day 2	Age 2	Years	Months 1
Sex Male	Color or Race	White		Birth- place Kent Co. Md.	Days 5
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Michael A. Burns			Father's Birthplace Kent Co. Md.		
Mother's Maiden Name Sarah J. Mulford			Mother's Birthplace Kent Co. Md.		
Name of person giving Information M. D. Burns			How related to deceased Father		

CAUSES OF DEATH

94

✓  
6 days

PHYSICIAN  
OR CORONER

Primary

Capillary Bronchitis

How long

Immediate

Pulmonary congestion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

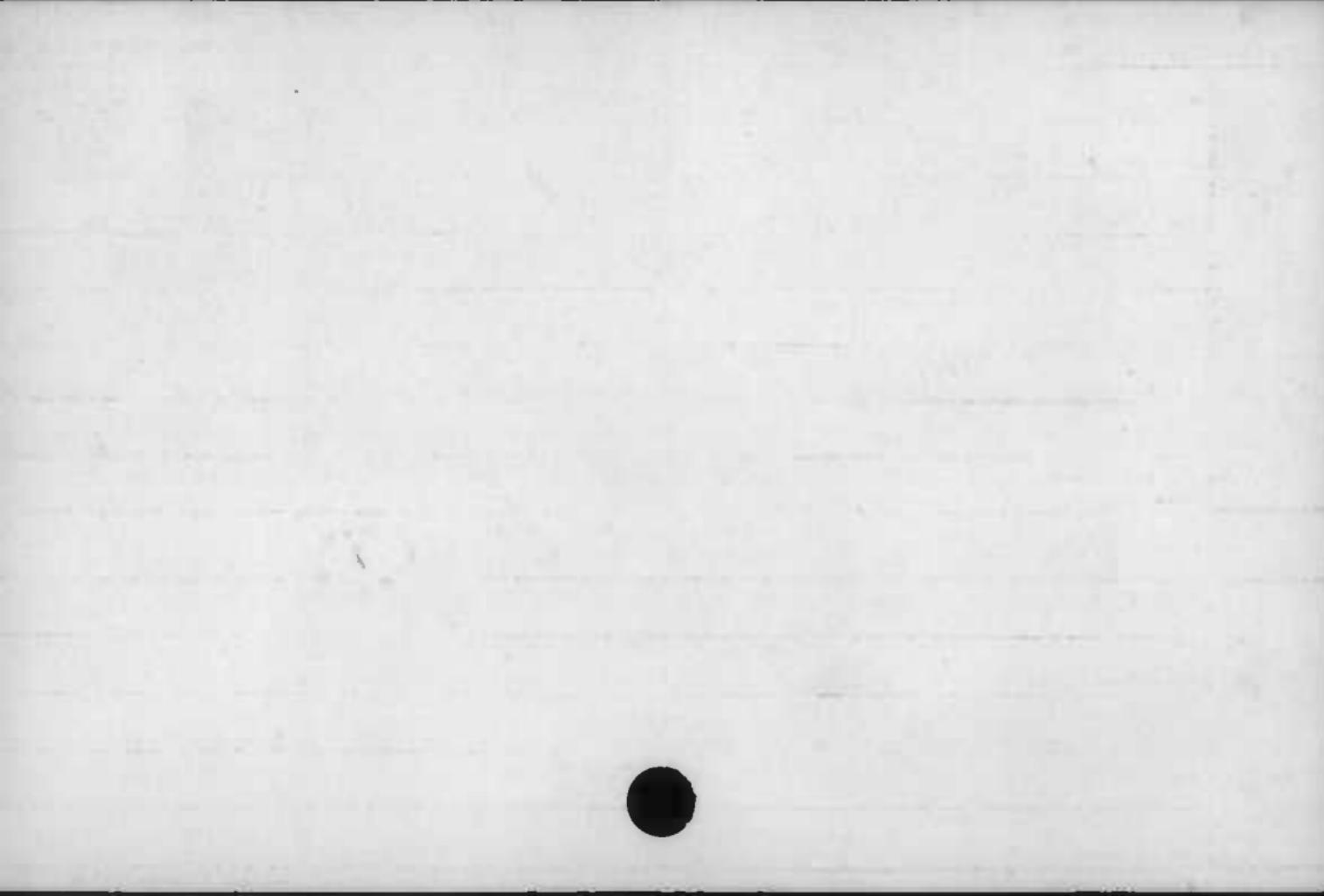
J. Wm. Labine,

Address

Galena,

md.

Accident or Suicide?



Name  
in  
Full

Ambrose Palmer Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

PHYSICIAN  
OR CORONER

H

Died at Chesterlawn

County Kent

Town

County

Date of death 1960 Month McL Day 20

Age 73 Years

Months 4 Days 11

Month

Day

Years

Days

Sex Male

Color or  
Race

White

Birth-  
place

Md. -

Occupation

Carpenter + Wheelwright  
(Wood for 20 yrs.)

Where Residing if not  
at place of death

Died at home

Married, Single  
or Widowed

Name of Wife or  
Husband

Sallie Anne Lavin -

Father's  
Name

Joe W. Carroll

Father's  
Birthplace

Md -

Mother's  
Maiden Name

Maria Louisa Palmer

Mother's  
Birthplace

Md

Name of person giving  
Information

Sarah Elizabeth Coffer

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

La Grippe

10

How long

Two Weeks

Immediate

Pneumonia

How long

One Week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Harry L. Doss -

Chesterlawn, Md. -

Accident or Suicide

Black Rock  
Chester Cemetery

Name  
in  
Full

Mary Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Moronee Town Kent County  
Date of death 1905 Month Mar Day 16 Age 62  
Sex Female Color or Race Color  
Occupation Book & Servant Where Residing if not at place of death  
Married, Single or Widowed  
Name of Wife or Husband not known  
Father's Name Samuel Carter  
Mother's Maiden Name Mary Hynson  
Name of person giving Information Beulah Strickland

MARYLAND

Montha Deye

Birth-place Kent Med

Father's Birthplace Kent Co, Md

Mother's Birthplace Kent Co, Md

How related to deceased  
her

CAUSES OF DEATH

Primary

Influenza

10

How long

Immediate

Inflammation

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

as far as  
possible

Geo W<sup>th</sup> Mary M<sup>de</sup>

Accident or Suicide

PHYSICIAN  
OR CORONER

14

Milatota

Name  
in  
Full

Robert E Colgain

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Near Sasasfras		Kent				
Date of death	1910	Month March	Day 14	Years 70	Months	Days 9
Sex	Male	Color or Race	White	Birthplace Queen Anne's Co		
Occupation	Farmer		Where Residing if not at place of death	Near Sasasfras Md.		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Loris Colgain		
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace	—		
Name of person giving Information	Clark Colgain		How related to deceased	Grandson		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Mitral Valvular disease*

79

How long

Several years

Immediate *Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Wright, M.D.

Warwick

Maryland

Accident or Suicide?

Melindra centuary

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death	19	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	37	37	0	0	
Occupation	Form Hand	Where Residing if not at place of death	Same as above				
Married, Single or Widowed	Married	Name of Wife or Husband	Lizzie Goldver				
Father's Name	Samuel Cotten	Father's Birthplace	Kent Isd				
Mother's Maiden Name	Alisia Glaves	Mother's Birthplace	" "				
Name of person giving Information	Lizzie Bengal	How related to deceased	Aunt				

CAUSES OF DEATH

Primary

Ulceration of Bowels

How long

6 months

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jan W. Uriel MD  
Kennedyville Md.

Accident or Suicide

Chas L. Doad.  
Morganeck

Name  
in  
Full

Willard Dixson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Coleman

County  
Seant

MARYLAND

Date of death 1910 Month Mar Day 26 Age 1 Years  
Months 1 Days 10

Sex Male

Color or Race

Black

Birth-place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Alfred Dixson

Father's Birthplace

Md

Mother's  
Maiden Name

Louise Wales

Mother's Birthplace

Md

Name of person giving  
Information

Alfred Dixson

How related  
to deceased

Father.

CAUSES OF DEATH

Primary

Pneumonia

93

Immediate

Heart Failure

two weeks,

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

L. P. Atwell M.D.  
Still Pond,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

• Leben

Name  
in  
Full

Eliza Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Still Pond Town Went County

Date of death 1900 Month Mar Day 24

Age 70 Years Months - Days -

Sex female Color or Race

Black

Birthplace Md

Occupation

Servant

Where residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

William Dorsey

Father's Birthplace Md

Father's Name Samuel Johnson

Mother's Birthplace Md

Mother's Maiden Name Margret Redding

How related to deceased  
Brother

Name of person giving  
Information Samuel Johnson

CAUSES OF DEATH

Primary

Pneuro-pneumonia

9 $\frac{1}{2}$

✓

Immediate

Heart failure.

How long

a week.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

W.S. Maxwell.

Address

Still Pond, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

Wt giv ch ycl

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Jas. Robert Galloway

Town

near Fauson Stan.

County

Kent

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date  
of death 1900

3

15

Age

36

Sex

male

Color or  
Race

white

Birth-  
place

Md.

Occupation

farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Sarah Galloway

Father's  
Birthplace

Deland

Father's  
Name

Joshua Galloway

Mother's  
Birthplace

Deland

Mother's  
Maiden Name

Katharine Powers

How related  
to deceased

father-in-law

Name of person giving  
Information

James Thompson

CAUSES OF DEATH

Primary

Pulmonary Phthisis  
inanition

27

How long

3 years

Immediate

yes

How long

2 weeks

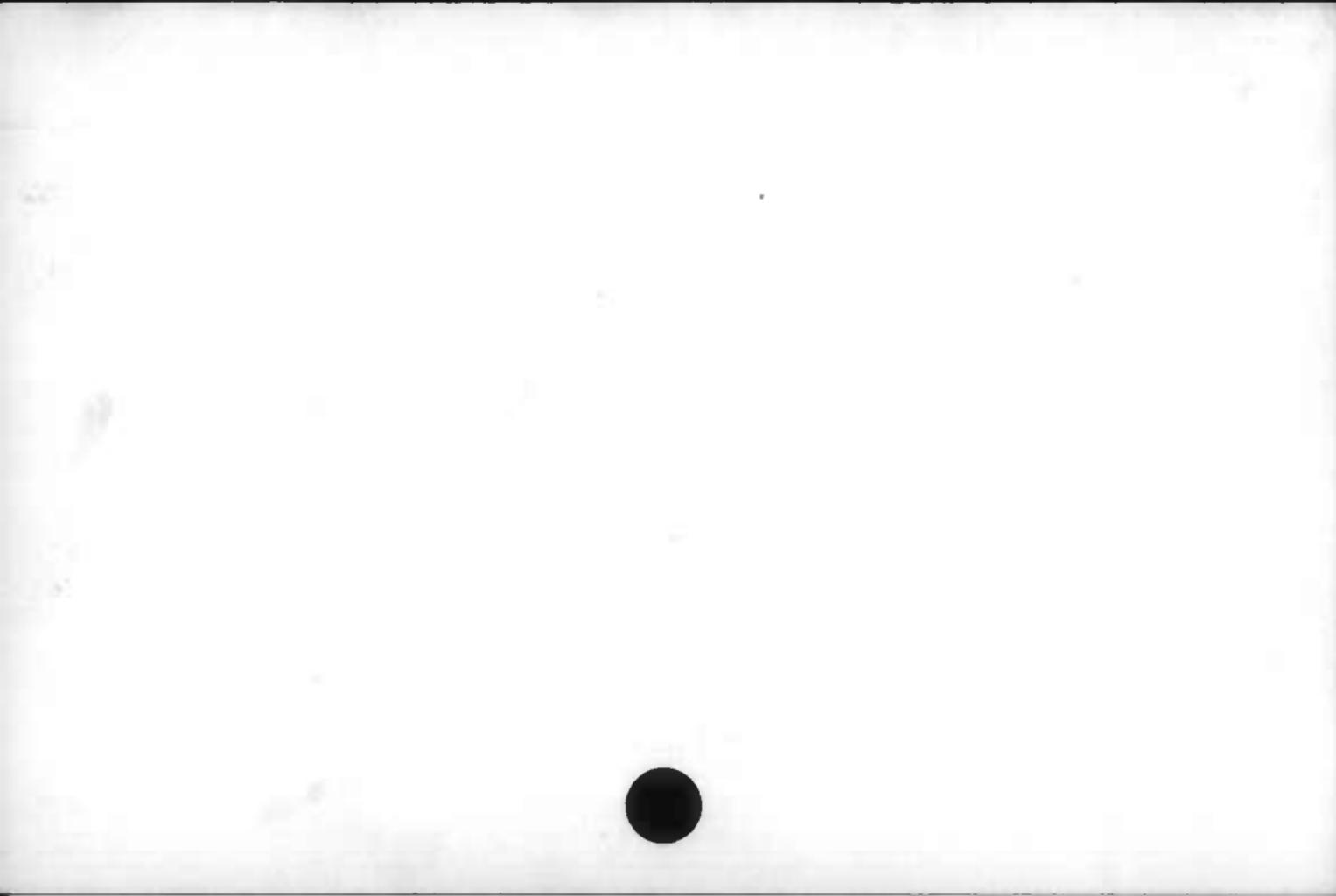
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Wm. Latimer M.D.  
Galena.  
Md.

Accident or Suicide



Name  
in  
Full

Attie bone Graves

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Chesterwon

County

Leah

MARYLAND

Town  
Month  
Day

Years

Months

Days

Date  
of death 190

Mar

1

Age

Sex

Male

Color or  
Race

col

Birth-  
place

Med

Occupation

—

Where Residing if not  
at place of death

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Wm Graves

Father's  
Birthplace

Med

Mother's  
Maiden Name

Ettie Johnson

Mother's  
Birthplace

Med

Name of person giving  
Information

Fanny Johnson

How related  
to deceased

Grandmother

CAUSES OF DEATH

Primary

Attie bone

8

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. Thompson  
Chesterwon

Accident or Suicide

No

Chas. S. Dodd  
Chestertown

Name  
in  
Full

Frances Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Harris			
Father's Name	Frank Munson		Father's Birthplace	Md	
Mother's Maiden Name	Unknown		Mother's Birthplace	Md	
Name of person giving Information	Thirstant		How related to deceased		

PHYSICIAN  
OR CORONER

Primary

CAUSES OF DEATH

79

Immediate

Are the name, age, sex, color, date and place correctly given above?

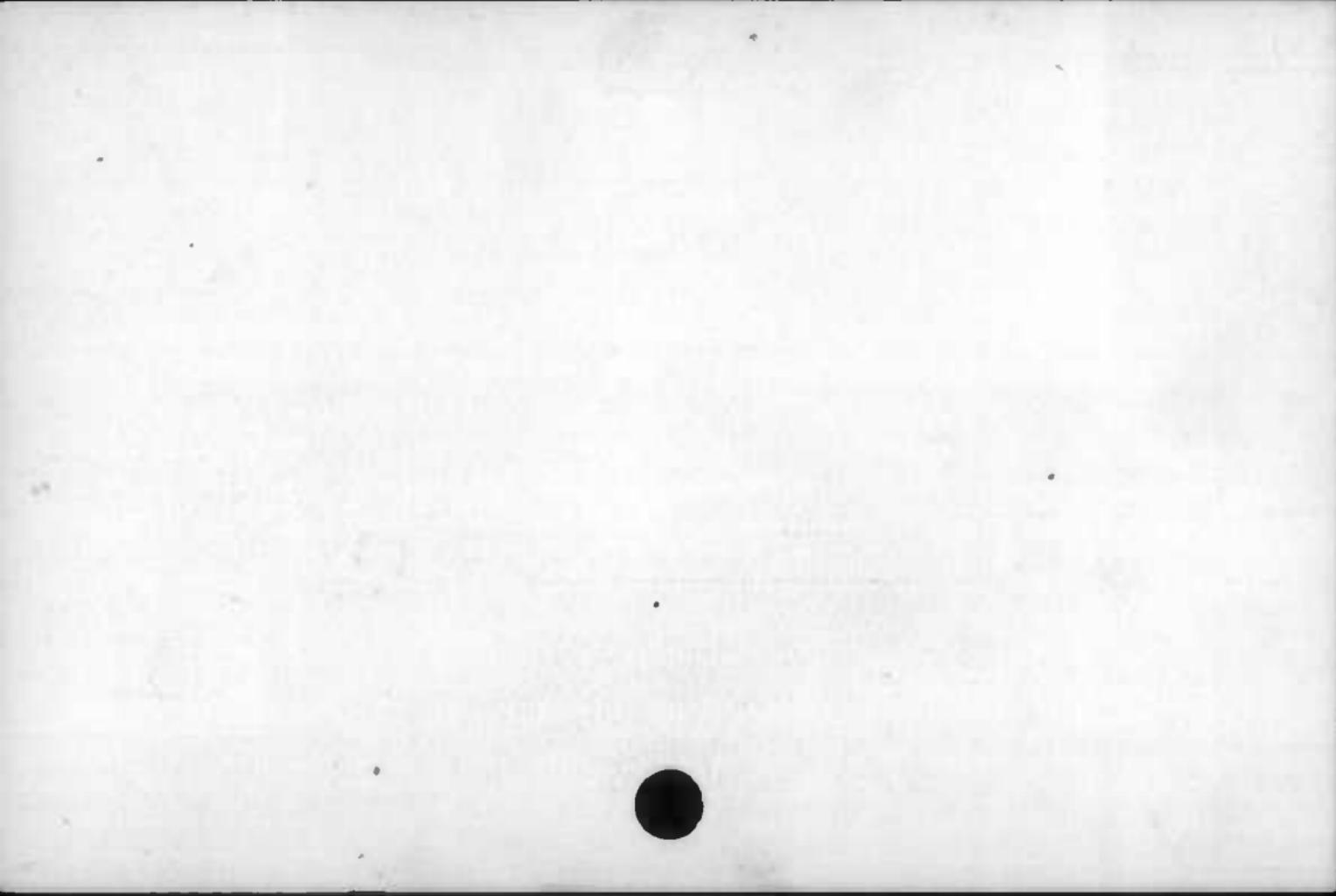
Yes

Signature of Physician

Address

Dr. W.H. Jacobs  
Millingport  
Md

Accident or Suicide?



Name  
in  
Full

Ruth Arminta Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Edesville

Town

County

Kent

Date of death 1960 Month Mar Day 16

Year 4 Month 10 Days

Sex female

Color or Race

Age 4

Montha 10 Days

Occupation

None

Black Birth-place Kent Co Md

Where Reading if not  
at place of death

at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's Birthplace Kent Co Md

Father's Name Samuel L Hopkins

Mother's  
Maiden Name Dola

Cohrsay

Mother's Birthplace Kent Co Md

Name of person giving  
Information

Samuel L Hopkins

How related  
to deceased  
Farther

CAUSES OF DEATH

Primary

Meningitis

61

v

Immediate

Asthenia

Are the name, age, sex, color,  
and place correctly given above?

Yes

How long

one week

How long

one week

Signature of  
Physician

Address

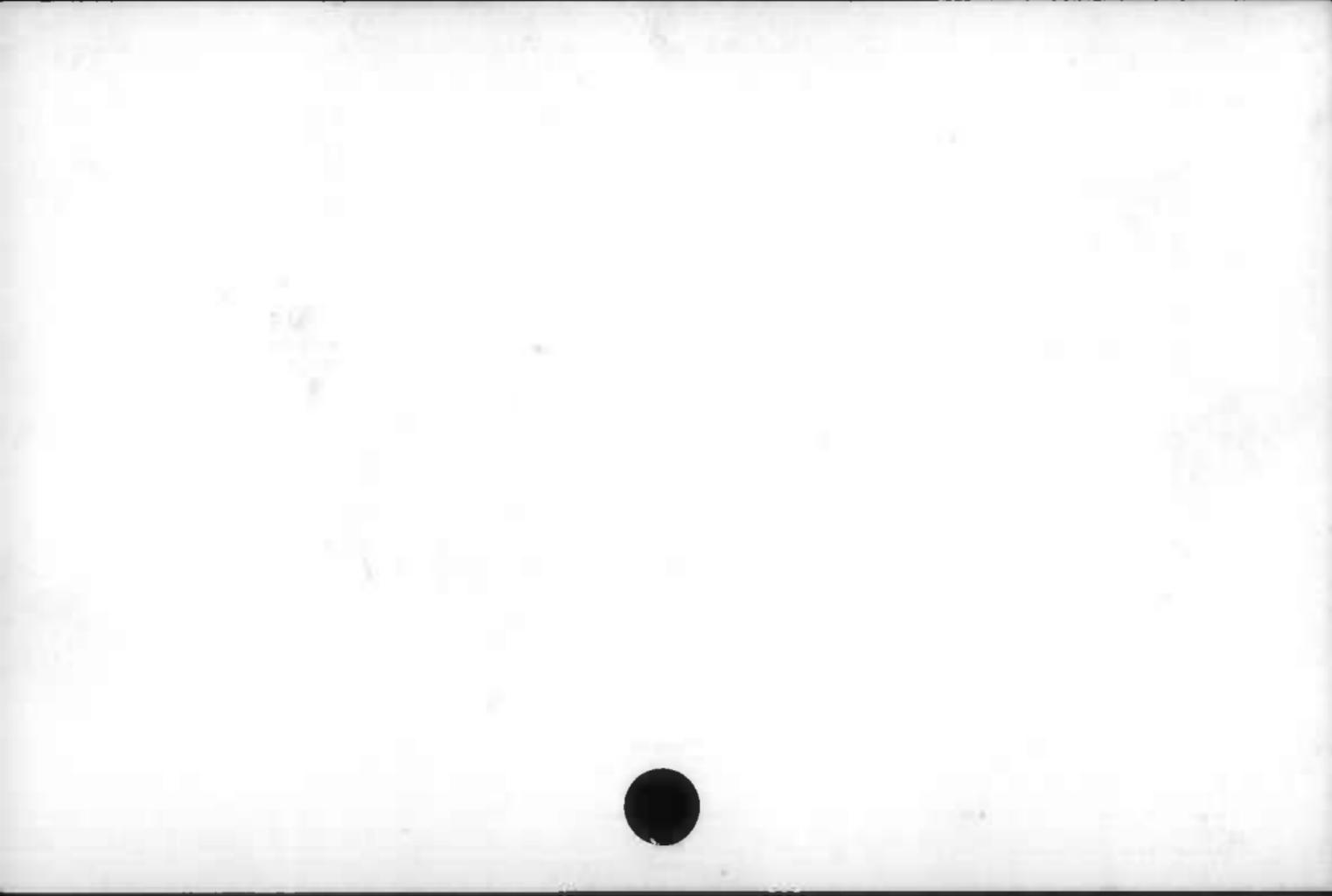
J. H. Schwartzenb  
Rock Hall Md

PHYSICIAN  
OR CORONER

H

Accident or Suicide

No



Name  
in  
Full

Sarah Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex	female	Color or Race	60	78			
Occupation	Wife	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Amos D. Johnson				
Father's Name	Perry Kennedy						
Mother's Maiden Name	Eliza Green						
Name of person giving Information	Jane Smith						

Primary

Inflammation of nose

Immediate

asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

154

How long

Several years

How long

3 weeks

H. Simpson  
6111 turk

PHYSICIAN  
OR CORONER

Accident or Suicide

W

New Jersey

Name  
in  
Full

Leonard Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Kennedyville Kent

MARYLAND

Date of death 1960 Mar 21 Age 81

County

Months 3 Days 0

Sex Male

Color or  
Race

col.

Birth-  
place

Kent Co

Occupation

One School

Whara Residing if not  
at place of death

11 0

Marriad, Single  
or Widowad

Name of Wife or  
Husband

Father's  
Name

Harry Jones

Father's  
Birthplace

Kent Co

Mother's  
Maiden Name

Annie Course

Mother's  
Birthplace

Georgia

Name of person giving  
Information

Warren Jones

How related  
to deceased

Primary

CAUSES OF DEATH

10

How long

Immediate

La Grippe

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas. W. Ulrich  
Kennedyville  
Kent Co.

PHYSICIAN  
OR CORONER

Accident or Suicide

Richard Dodd  
at  
Morgue Neck

Grandfather  
Warren Jones

Name  
in  
Full

Sarah Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1950 Mar	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white		Kent Co. Md	
Occupation	Housewife		Where Residing if not at place of death		At home	
Married, Single or Widowed	Mrs	Name of Wife or Husband	John W. Martin		Md	
Father's Name	Edwin Dill		Father's Birthplace		Md	
Mother's Maiden Name	Nilsen		Mother's Birthplace		Md	
Name of person giving Information	Wm W. Dill		How related to deceased		Nephew.	

CAUSES OF DEATH

Primary

La Grippe with Pleurisy

10

✓

How long

Ten days.

Immediate

Exhaustion.

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address



Accident or Suicide

Yes

J. P. Gorman, M.D.  
Millington, Md.



Name  
in  
Full

Maggie Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Baltimore

County

Baltimore

MARYLAND

Date  
of death

1960 March 30

Month

Day

Years

Age 21

Months

Days

Sex  
Occupation

Female

Color or  
Race

Black

Birth-  
place

Baltimore

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

No

Father's  
Name

Alex Scott

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Sarah Richardson

Mother's  
Birthplace

Name of person giving  
Information

Lillie Scott

How related  
to deceased

Sister

CAUSES OF DEATH

Primary

Consignification

29

4 yrs.

Immediate

Exsanguination

How long

6 mo

Are the name, age, sex, color, date  
and place correctly given above?

you

Signature of  
Physician

Address

Chalwoodland 110  
Baltimore Md

PHYSICIAN  
OR CORONER

Accident or Suicide

Morgan

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Major Dr. Kalk Smith

Town  
Chesterstown

County  
Kent

MARYLAND

Died at

Town

County

Date  
of death 1960

Month  
Mch

Day  
14

Years  
59

Month  
4

Days  
28

Age  
59

Sex  
Male

Color or  
Race  
White

Birth-  
place  
Kings Co

Occupation  
Attorney at Law

Where Residing If not  
at place of death  
Chesterstown

Married, Single  
or Widowed  
Married

Name of Wife or  
Husband  
Mrs Addie Smith

Father's  
Birthplace  
Caroline Co

Father's  
Name  
James Smith

Mother's  
Maiden Name  
Annie B. Snock

Mother's  
Birthplace  
Kent Co.

Name of person giving  
Information  
Lucy Dodd

How related  
to deceased  
Sister

CAUSES OF DEATH

Primary

Cardiac Neuralgia

79

How long  
2 hours

Immediate

Cardiac Neuralgia

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above ?

yes

Signature of  
Physician

Address

J. H. Benge Simmons

Chesterstown

md

PHYSICIAN  
OR CORONER

Accident or Suicide  
no.

Char L. Dodd  
Leicester Cemetery.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DE

MARYLAND

Florence Kelley Starkey  
Died near Melita  
Town Kent.  
County  
Date of death 1900 Month Mar Day 2 Age 43  
Sex Female Color or Race White  
Occupation Housewife

Months Days

Birthplace Md.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Harry Starkey

Father's  
Birthplace

Kentwood

Father's  
Name

Thomas L. Bowers

Mother's  
Birthplace

Kentwood

Mother's  
Maiden Name

Susanna Kelley

How related  
to deceased

Niece

Name of person giving  
Information

Ohio Bowers

138

V

How long

3 mos.

How long

3 weeks

Primary

CAUSES OF DEATH

Pregnancy (Miscarriage) 3 mos.  
Acute Atrophy of Liver 3 weeks  
Signature of Physician  
Address

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide

g. U. Church yd

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Thomas Romayne Strong

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1900	Month March	Day 16th	Years Age 68	Months 8	Days 6
Sex	Male	Color or Race	White	Birth-place	Kent County,	
Occupation	Agriculturist		Where Residing if not at place of death	At place of death.		
Married, Single or Widowed	Married	Name of Wife or Husband	Charlotte A. Dickens.			
Father's Name	Thomas A. Strong		Father's Birthplace	Kent County		
Mother's Maiden Name	Catherine A. Eagle.		Mother's Birthplace	Kent County.		
Name of person giving Information	Charlotte A. Dickens		How related to deceased	Wife		

CAUSES OF DEATH

79

v

PHYSICIAN  
OR CORONER

Primary	Heart disease	How long	8 weeks
Immediate	Exhaustion	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Walter O. Selby M.D.
		Address	Rock Hall, Md.
Accident or Suicide?			

Chad Good  
Meditation

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James A. Sutton

Town Kent

Died at ~~Leigh~~ Le guech Kent  
Date of death Month Day  
1960 March 15

Age 75  
Sex Male Color or Race White

Occupation Retired  
Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Corville Sutton

Mother's Maiden Name Caroline Ann Blach

Name of person giving Information Mrs L. Moffett

CERTIFICATE OF DEATH

MARYLAND

Month Deys

Birth-place Kent co

Le guech

Father's Birthplace Kent - w

Mother's Birthplace Kent co

How related to deceased wife

154

How long

How long

a week.

CAUSES OF DEATH

Primary

General debility.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of  
Physician

Address

W. S. Maxwell.

Still Pond. Md.

Accident or Suicide

Strawberry

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Marty Horne

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1960	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	23		
Occupation	Labourer	Where Residing if not at place of death		Kurt G		
Married, Single or Widowed	Married	Name of Wife or Husband	Chas. Thomas			
Father's Name	Trigby Gordon				Father's Birthplace	Kurt G
Mother's Maiden Name	dizzy				Mother's Birthplace	Kurt G
Name of person giving information	Jas. Thomas				How related to deceased	Brother in Law

CAUSES OF DEATH

Primary	Pulmonary embolism		27	How long	Not to Mrs
Immediate	by heart attack			How long	Not to Mrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Frank B. Horne	
			Address	Chesterton Md	
Accident or Suicide?		no			

Chas L. Dodd  
Broad Neck  
Kent Co  
Md.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George H. Townsend

Town Kent  
Died at Kent Millington Kent

Date Month Day Years  
of death 1910 3 19 17

Age 17  
Sex Male Color or Race white

Occupation Farmer Where Residing if not  
at place of death

Married, Single or Widowed Name of Wife or Husband  
Minor

Father's Name James A. Townsend

Mother's Maiden Name Lorraine in Say

Name of person Information Stella in Townsend

MARYLAND

Months 19  
Days

Birth-place Maryland

at home

Father's Birthplace Maryland

Mother's Birthplace Pennsylvania

How related to deceased Sister

28  
How long 9 months

How long

H. C. Conways  
Millington Kent

CAUSES OF DEATH

Primary Tuberculosis

Immediate 11

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician  
Address

Accident or Suicide



Name  
in  
Full

George J. Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1960	March	8	Age	64	
Sex	Color or Race	white	Birth-place	Kent Co.	
Occupation	Where Residing if not at place of death				
Farmer	Kent Co.				
Married, Single or Widowed	Name of Wife or Husband	Athena Kilbourne			
Widower					
Father's Name	John E. Vickers, Sr.				
Mother's Maiden Name	Annie E. Barclay				
Name of person giving information	John. Vickers				

CAUSES OF DEATH

125

How long

Several weeks

Primary

Exhaustion

Immediate

Chronic Cystitis, Prostate Dis.

How long

About 1 year

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank B. Hines Jr.  
Chesterfield Hills

Accident or Suicide?

No

St Pauls

Name  
in  
Full

Eliza Walbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Chestertown  
Town  
Month  
Day

Date  
of death 1900 Mar 17

County  
Rene  
Years

MARYLAND  
Months  
11

Age 88

Days  
2

Sex female

Color or  
Race white

Birth-  
place Pennsylvania

Occupation

Unemployed

Where Residing if not  
at place of death

Near Chestertown

Married, Single  
or Widowed

Name of Wife or  
Husband Joshua Walbert

Father's  
Birthplace

Penn

Father's  
Name Joshua

Mother's  
Maiden Name Donckrow

Mother's  
Birthplace

Name of person giving  
Information Mrs. B. F. Rake

How related  
to deceased

Primary

CAUSES OF DEATH

Spurte Gangrene

How long

One year

Immediate

Senier Gangrene

How long

One year

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

H. B. Bengel Simmons  
Chestertown  
Md.

PHYSICIAN  
OR CORONER

H

Accident or Suicide

Yes

Chastertown

Name  
in  
Full

Shadrack Washington Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Rock Hall Town Kent County

MARYLAND

Date of death 1980 Month Mar Day 10 Years 79 Months 9 Days -

Sex Male

Color or Race

Age 79

Birth-place

White

Maryland

Occupation

Farmer

Where Residing if not  
at place of death at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Elizabeth S Glenn

Father's Name

Peter Watkins

Father's Birthplace

Maryland

Mother's  
Maiden Name

Not Known

Mother's Birthplace

Not Known

Name of person giving  
Information

Charles Watkins

How related  
to deceased

Son

CAUSES OF DEATH

Primary Supposed Cancer  
Heart disease and Artery

79

✓

How long

3 weeks

How long

1 day

Immediate Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address



Frank C. Wilkins J.D.  
Acting Coroner  
Rock Hall  
Kent Co.  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

George Henry Watt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died Mar Town Cheshtown County Bank

MARYLAND

Date of death 1960 Month Mar Day 9th Age 72 Years 72 Month — Day —

Sex Male Color or Race White

Birthplace Ind

Occupation Farmer

Where Residing if not  
at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary

Jewell

Father's Name Geo Watt

Birthplace Ind

Mother's Maiden Name Unknown

Birthplace Unknown

Name of person giving Information Mrs Frank Coulson

How related to deceased Daughter

CAUSES OF DEATH

Primary

Pneumonia

Unknown

Immediate

Cardiac failure

How long several hours

Are the name, age, sex, color, date and place correctly given above?

Yes

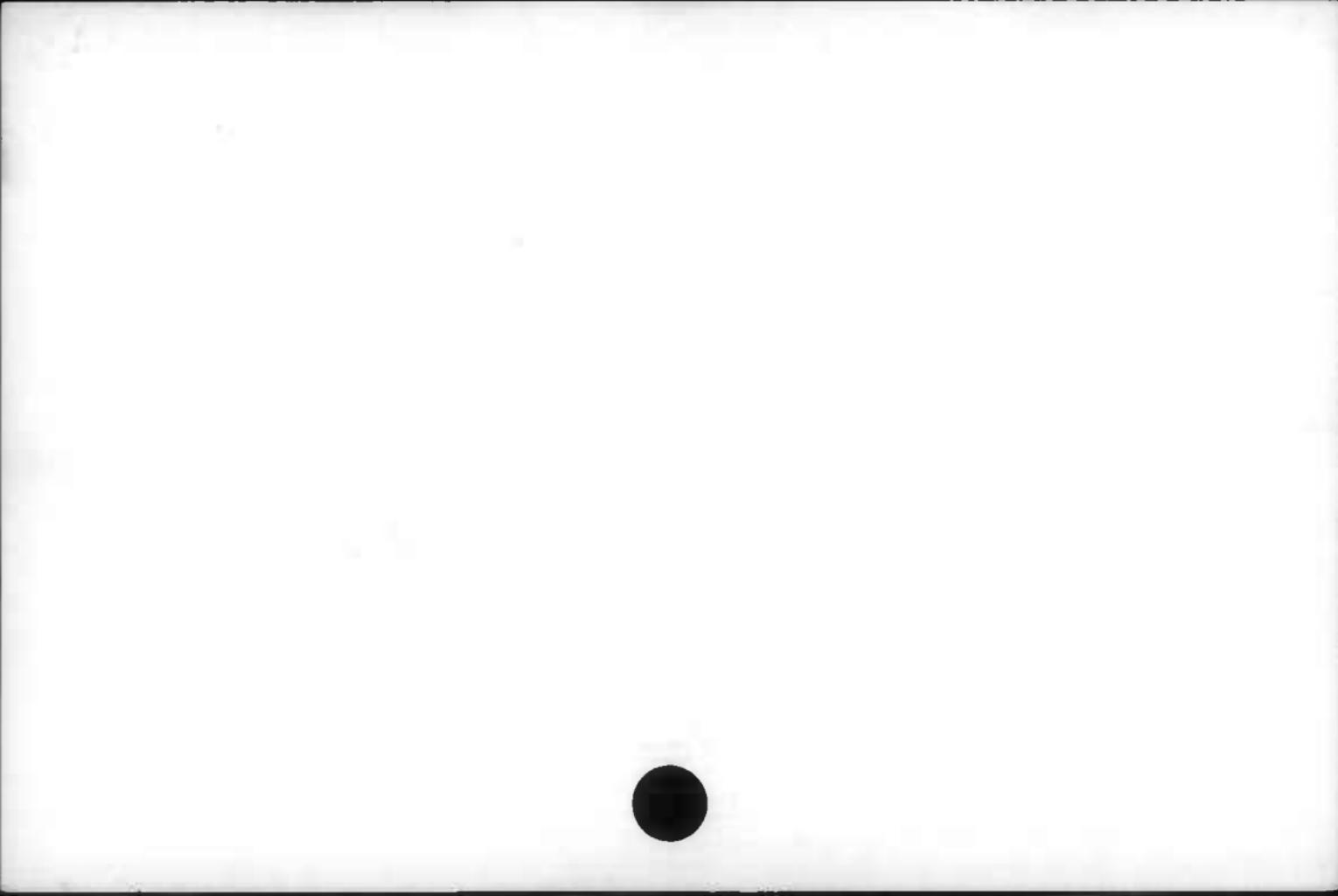
Signature of Physician

Address

107 Sunnyside  
Cheshtown

Accident or Suicide

No



Name  
in  
Full

James A. Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chestertown Town Kent County

MARYLAND

Date of death 1910 Month Mar Day 15 Years 2 Month 1 Days

Sex Male

Color or Race

Age 2

Color

Birth-place

Ind

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James E. Williamson

Father's  
Birthplace

Mother's  
Maiden Name

Eliza Walker

Mother's  
Birthplace

Name of person giving  
Information

Father

How related  
to deceased

Primary

CAUSES OF DEATH

Pneumonia  
Heart Failure

99

✓

Immediate

9 days  
and hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

18, Sopers  
Chestertown

PHYSICIAN  
OR CORONER

(Signature)

Accident or Suicide

No

Chas L. Dodd  
Pomona